

No. PD-0242-19

TO THE COURT OF CRIMINAL APPEALS  
OF THE STATE OF TEXAS

FILED  
COURT OF CRIMINAL APPEALS  
11/4/2022  
DEANA WILLIAMSON, CLERK

WILLIAM ROGERS,

Appellant

v.

THE STATE OF TEXAS,

Appellee

Appeal from Refugio County

\* \* \* \* \*

**State Prosecuting Attorney's  
Motion to Withdraw Appellate Opinions and Permanently Abate the Appeal**

\* \* \* \* \*

Stacey M. Soule  
State Prosecuting Attorney  
Bar I.D. No. 24031632

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\* \* \* \* \*

TO THE HONORABLE COURT OF CRIMINAL APPEALS:

After this Court issued its opinion in this case, the State Prosecuting Attorney learned that Appellant passed away in March 2022.<sup>1</sup> Attachment A (death certificate). Consistent with this Court's precedent, the SPA respectfully asks the Court to withdraw its opinions and order the court of appeals to withdraw its opinions and

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<sup>1</sup> The OSPA became aware of Appellant's death after informing the 24th Judicial District Attorney that the OSPA would not be filing a motion for rehearing. The District Attorney thereafter sought to bench warrant Appellant back from TDCJ.

permanently abate the appeal.<sup>2</sup>

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<sup>2</sup> See *Brown v. State*, 439 S.W.3d 929, 930 (Tex. Crim. App. 2014) (“Appellant has died, however, and the State has now moved to permanently abate the appeal. The State’s motion is granted. The State’s motion for rehearing and the State’s petition for discretionary review to this Court are dismissed and the opinion issued on March 19, 2014 withdrawn. The First Court of Appeals is ordered to withdraw its opinion and permanently abate the appeal. See *Ex parte Hunter*, 297 S.W.3d 292 (Tex. Crim. App. 2009) and *Vargas v. State*, 659 S.W.2d 422 (Tex. Crim. App.1983).”).

## **PRAYER FOR RELIEF**

The SPA asks this Court withdraw its opinions and order the lower court to withdraw its opinions and permanently abate this appeal.

Respectfully submitted,

*/s/ Stacey M. Soule*  
State Prosecuting Attorney  
Bar I.D. No. 24031632

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## **CERTIFICATE OF SERVICE**

The undersigned certifies that a copy of the State Prosecuting Attorney's Motion to Withdraw Opinions and Permanently Abate the Appeal has been served on November 3, 2022, *via* email or certified electronic service provider to:

Hon. Robert Lassman  
24th Judicial District Attorney  
[rob.lassmann@co.dewitt.tx.us](mailto:rob.lassmann@co.dewitt.tx.us)

Hon. Luis A. Martinez  
[Lamvictoriacounty@gmail.com](mailto:Lamvictoriacounty@gmail.com)

*/s/ Stacey M. Soule*  
State Prosecuting Attorney  
Bar I.D. No. 24031632

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512-463-5724 (Fax)

# Attachment A

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
Mar 31 2022

STATE OF TEXAS CERTIFICATE OF DEATH

STATE FILE NUMBER

142-22-062929

# 2038644

WILLIAM HENRY ROGERS  
3 SEX MALE  
4 DATE OF BIRTH (mm-dd-yyyy) AUGUST 10, 1969  
5 AGE-Last Birthday (Years) 52  
6 PLACE OF BIRTH (City & State or Foreign Country) HOUSTON, TX  
7 SOCIAL SECURITY NUMBER 453-37-3892  
8 MARITAL STATUS AT TIME OF DEATH  
9 SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) BRANDI SUE TYLER  
10a RESIDENCE STREET ADDRESS 3001 EMILY DR  
10b COUNTY BEE  
10c STATE TEXAS  
10d ZIP CODE 78102  
10e INSIDE CITY LIMITS? ☒ Yes ☐ No  
11 FATHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE JAMES LEE ROGERS  
12 MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE JEANETTE DOROTHY HENDERSON  
13 PLACE OF DEATH (Check only one)  
14 CITY/TOWN/ZIP OF OUTSIDE CITY LIMITS, GIVE PRECINCT NO. NUECES CORPUS CHRISTI 78404  
15 FACILITY NAME (If not institution, give street address) CHRISTUS SPONCH HOSPITAL SHORELINE  
16 Mailing Address of Informant (Street and Number, City, State, Zip Code) 262 FM 3478 # STE. B, HUNTSVILLE, TX 77320  
17 Informant's Name & Relationship to Deceased  
18 METHOD OF DISPOSITION  
19 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH  
20 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH  
21 Section  
22 Block  
23 Lot  
24 Space  
25 PLACE OF DISPOSITION (Name of cemetery, crematory, other place) CAPITAL SEC HOSPITAL SERVICES  
26 LOCATION (City, Town, and State) CORPUS CHRISTI, TX  
27 NAME OF FUNERAL FACILITY CARNED - TDCJ  
28 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 3100 DULF AVE, TEXAS CITY, TX 77381  
29 CERTIFIER (Check only one)  
30 Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
31 SIGNATURE OF CERTIFIER  
32 DATE CERTIFIED (mm-dd-yyyy) MARCH 25, 2022  
33 LICENSE NUMBER IP1022  
34 TIME OF DEATH (Actual or presumed) 11:11 AM  
35 PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) ADEL SHAKER MD 2610 HOSPITAL BOULEVARD, CORPUS CHRISTI, TX 78405  
36 TITLE OF CERTIFIER CHIEF ME  
37 PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER APPROXIMATE INTERVAL ONSET TO DEATH  
38 IMMEDIATE CAUSE (Final disease or condition resulting in death)  
39 Due to (or as a consequence of):  
40 Due to (or as a consequence of):  
41 Due to (or as a consequence of):  
42 Due to (or as a consequence of):  
43 PART 2 ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1  
44 WAS AN AUTOPSY PERFORMED?  
45 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
46 MANNER OF DEATH  
47 DID TOBACCO USE CONTRIBUTE TO DEATH?  
48 IF FEMALE:  
49 IF TRANSPORTATION INJURY, SPECIFY:  
40a DATE OF INJURY (mm-dd-yyyy)  
40b TIME OF INJURY  
40c INJURY AT WORK?  
40d PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)  
40e LOCATION (Street and Number, City, State, Zip Code)  
40f COUNTY OF INJURY  
41 DESCRIBE HOW INJURY OCCURRED  
42a REGISTRAR FILE NO. 02001028  
42b DATE RECEIVED BY LOCAL REGISTRAR MARCH 31, 2022  
42c REGISTRAR  
PCR NUMBER: 0000333455031175

AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

STATE OF TEXAS

STATE FILE NUMBER 142-22-062929

ENTER NAME OF DECEASED AND PLACE OF DEATH EXACTLY AS SHOWN ON ORIGINAL DEATH CERTIFICATE

NAME OF DECEASED WILLIAM HENRY ROGERS  
DATE OF DEATH MARCH 12, 2022  
PLACE OF DEATH (City or Town and County) CORPUS CHRISTI NUECES  
IS THE DATE OF DEATH BEING CORRECTED?  
26 CERTIFIER (Check only one)  
27 SIGNATURE OF CERTIFIER RAY FERNANDEZ  
28 DATE CERTIFIED JUNE 21, 2022  
29 LICENSE NUMBER H8904  
30 TIME OF DEATH (Actual or presumed) 11:11 AM  
31 PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) RAY FERNANDEZ 2610 HOSPITAL BLVD, CORPUS CHRISTI, TX 78405  
32 TITLE OF CERTIFIER MD  
33 PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER APPROXIMATE INTERVAL ONSET TO DEATH  
34 IMMEDIATE CAUSE (Final disease or condition resulting in death)  
35 Due to (or as a consequence of):  
36 Due to (or as a consequence of):  
37 Due to (or as a consequence of):  
38 Due to (or as a consequence of):  
39 PART 2 ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1  
40 DIABETES MELLITUS, CARDIOMEGALY AND KIDNEY DISEASE  
41 WAS AN AUTOPSY PERFORMED?  
42 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
43 MANNER OF DEATH  
44 DID TOBACCO CONTRIBUTE TO DEATH?  
45 IF FEMALE:  
46 IF TRANSPORTATION INJURY, SPECIFY:  
40a DATE OF INJURY (mm-dd-yyyy)  
40b TIME OF INJURY  
40c INJURY AT WORK?  
40d PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)  
40e LOCATION (Street and Number, City, State, Zip Code)  
40f COUNTY OF INJURY  
41 DESCRIBE HOW INJURY OCCURRED  
42a REGISTRAR FILE NO. 02001028  
42b DATE FILED JUNE 23, 2022  
42c STATE REGISTRAR

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED JUN 28 2022

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

TARA DAS  
STATE REGISTRAR

JOE

### **Automated Certificate of eService**

This automated certificate of service was created by the eFiling system. The filer served this document via email generated by the eFiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Stacey Soule on behalf of Stacey Soule  
Bar No. 24031632  
information@spa.texas.gov  
Envelope ID: 69864416  
Status as of 11/4/2022 9:01 AM CST

Associated Case Party: John Messinger

<b>Name</b>	<b>BarNumber</b>	<b>Email</b>	<b>TimestampSubmitted</b>	<b>Status</b>
Stacey Soule		stacey.soule@spa.texas.gov	11/3/2022 4:32:43 PM	SENT

#### **Case Contacts**

<b>Name</b>	<b>BarNumber</b>	<b>Email</b>	<b>TimestampSubmitted</b>	<b>Status</b>
Robert Lassman		rob.lassmann@co.dewitt.tx.us	11/3/2022 4:32:43 PM	SENT
Luis AMartinez		Lamvictoriacounty@gmail.com	11/3/2022 4:32:43 PM	SENT